

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Sm		6 6 01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	1/2	253	8/2/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/15/00
2	✓	✓	12/15/00
3	✓	✓	12/15/00
4	✓	✓	12/15/00
5	✓	✓	12/15/00
6	✓	✓	12/15/00
7	✓	✓	12/15/00
8	✓	✓	12/15/00
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11	✓	✓	12/15/00
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48	✓	✓	12/15/00
49	✓	✓	12/15/00
50	✓	✓	12/15/00

Claim	Final	Original	Date
51	✓	✓	12/15/00
52	✓	✓	12/15/00
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99	✓	✓	12/15/00
100	✓	✓	12/15/00

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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